AND THE PROPERTY OF THE PARTY O

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09835905

		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			17				ſ	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/7 minus 20=		* (0	$[\ [$	X\$ 9=		OR	X\$18=	-
IND	EPENDENT CL	AIMS	6 mi	nus 3 =	* 3			X40=		OR	X80=	240
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	050
CLAIMS AS AMENDED - PART II									10	OTHER		
(Column 1)			(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	2	.0	= /		X\$ 9=		OR	X\$18=	/
	Independent	NTATION OF MU	Minus	***	(CLAUM	= /		X40=		OR	X80= /	
	FIRST PRESE	MIATION OF MI	JETIPLE DEF	ENDEN	CLAIIVI	<u> </u>	1 [+135= /		OR	+270≠	
			•				_ L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		DDIT. FEE			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.17	Minus	2	V	= /	1 [X\$ 9=		OR	X\$18=	
	Independent	- 6	Minus	***	0	=	┨┞	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLIIPLE DEF	ENDEN	CLAIM		┙╽	+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	Time.	(Column 1)		(Colui	mn 2)	(Column 3)		DDII. FÇE		'		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***			11	X40=	·	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		┙┞	+135=			+270=	-
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE									OR	ADDIT. FEE	L	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

01/838905

CLAIMS AS FILED - PART I								LF	NTITY	OTHER THA			
<u></u>	0711 01 111		(Column 1) (Column 2)				TYPE []			OR			
	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·		·			RA	TE	FEE]	RATE	FEE	
F	OR		NUMBER	FILED	NUME	BER EXTRA	BASIC	FEE	\$375	OR	BASIC FEE	\$750	
T	OTAL CHARGE	ABLE CLAIMS	mi	nus 20=	*		X\$	9=		OR	X\$18=		
INI	DEPENDENT C	LAIMS	m	inus 3 =	*		X4:	2=		OR	X84=	<u> </u>	
МI	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					^		1			
* [the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	+14			OR	+280≃		
	1.50	LAIMS AS A				TOT	AL	L	OR	TOTAL	711010		
	U	(Column 1)		(Colun	n 2) (Cofumn 3)		SMALL		ENTITY	OR	OTHER SMALL E		
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT			HIGHE NUMB PREVICE PAID F		BER PRESENT CUSLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	20	>	=	X\$ 9	9=		OR	X\$18=		
	Independent	NITATION OF MI	Minus	*** 6	CLAIM	=	X42=			OR	X84=	· ·	
L	FIRST PRESENTATION OF MU		CTIPLE DEI	PENDENI	CLAIM		+140)=		OR	+280=		
	••	م. م	يبيب			•	TO ADDIT.	TAL		OB	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)								,	· . '	OUT FEEL		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ _. 9=)=	OR	OR	X\$18=		
	Independent	*	Minus	***	•	=	X42	=		OR	X84=		
L	FIRST PRESE	NTATION OF MC	LTIPLE DEPENDENT CLAIM				+14()=		OR	+280=		
	• —	ه ه ه				ADDIT.	TAL FEE	-	OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colum		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID E	BER JUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	#:#		=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus	4-4-4		=	X42=	=		OR	X84=		
L_	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM							- -	
* If the entry in column 1 is less than the entry in column 2, write 0° in column 3.										CH	-Celta TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For". IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or to-dependent) is the highest number found in the appropriate box in column 1.													